

# COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

### Office of the Clerk

December 12, 2011

ALBERT P FREER III 56 ELKHART TRAIL BRACEY, VA 23919

## **RECEIPT**

RE:

**Thrifty Treasures** 

ID:

J004230 - 0

DCN:

11-12-08-0502

# Dear Customer:

This is your receipt for \$25.00 to cover the fees for filing a statement of partnership authority with this office.

The effective date of the statement is December 12, 2011.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

ENTITY NAME: Thatty TRE	ASIA ES
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Name availability done in: Initials: Conflict with ID #:	The state of the s
eFile:	ENTITY ID #:
CIS:	DCN#:
	#2 <sup>4</sup>
	ZAMINER WORKSHEET
CHARTER / ENTRANCE FEE	JURISDICTION:
FILING FEE 25	SPECIAL EFFECTIVE DATE TIME
EXPEDITE FEE(S)	
TOTAL FEES $95$	INDUSTRY CODE:
AMENDMENT OR OTHER INFORMATION:	SEND COPY TO:
GP	Part auch 12/9/2011
PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	CORRESPONDENT:
AMOUNT AVAILABLE FOR COPYWORK:	MAIL CALL FAX FED EX
FOR OFFICE USE ONLY FOR OFFICE USE ONLY	REVISED 08/11 FOR OFFICE USE ONLY FOR OFFICE USE ONLY

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# COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

## STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned, on behalf of the partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 3 of the Code of Virginia, state as follows:

1.	The name of the partnership is	he name of the partnership is		
	Thrifty Treasure	د5	·	
2.	The partnership is formed under the laws of	irainia		
	The partnership is formed under the laws of Virginia (state or other jurisdiction)			
3.	(Mark if applicable:) ☐ The partnership was previousl business in Virginia as another type of foreign busine information on an attachment.			
4.	The address, including the street and number, if any	v. of the partnership's princi	pal office is	
	95 Nellie Jones Rd.	(city or town)	(state) (zin)	
5.	The address, including the street and number, if any			
			, VA	
	(number/street)	(city or town)	(zip)	
6.	(Mark applicable box)			
The names and mailing addresses of <u>all</u> of the partners are:				
	Name _		ress	
	Albert P. Freez III	54 Elkhar	+ Trail	
		Bracey V	A 23919	
	MANCY L. FREER	Bracey V 56 Elichar Bracey Vr	+ Trail	
		BC 2004 V	91956	
	<u>OR</u>	Oraces v.	3 (, ]	
	$\Box$ The name and mailing address of an agent who was appointed by the partnership for the purpose of			
	maintaining a list of the names and mailing addr			
	Name	•		
	Name	Add	1622	
7.	An instrument transferring real property held in the	name of the partnership is a	authorized to be executed by	
	the following partner(s): (The name of at least one p	eartner is required.)		
	Albert P. Freez III	MANEy L. F	reer	
	Albert P. Freek III  (name)	(r	name)	
8.	(Optional): Set forth the authority, or limitations on	the authority, of some or al		
	other transactions on behalf of the partnership or an	•		
Sig	natures of partners (must be executed by at least two	·		
	albert Frentie All	(printed name)	W 12-6-/1	
		······································	(date)	
1	Janay of frey Na	VeyLFReed (printed name)		
	(stignature)		(date)	
	Telephone number (ontional):	34-636-004	<b>₹</b> ~\	

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.